APR 2 5 2005

S&H Form: (02/05)

| <b>REPL</b> | Y/AMENDMENT |  |
|-------------|-------------|--|
| FEE         | TRANSMITTAL |  |

Attorney Docket No. 1538.1020

Application Number 09/998,160

Filing Date December 3, 2001

First Named Inventor Shigeo ORII

Group Art Unit 2124

Examiner Name Issen D. Mitchell

|                                                                          |                                     |                                                   |                                       | Group Art Unit 21 |                 | 212               | 124                                             |                 |                                   |  |
|--------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------|---------------------------------------|-------------------|-----------------|-------------------|-------------------------------------------------|-----------------|-----------------------------------|--|
| AMOUNT ENCLOSED                                                          |                                     | 0.00                                              | Examiner Name                         |                   | Jas             | Jason D. Mitchell |                                                 |                 |                                   |  |
|                                                                          |                                     | FEE                                               | CALCUL                                | ATION (           | fees effectiv   | e 12/08/0         | 04)                                             |                 |                                   |  |
| CLAIMS AS<br>AMENDED                                                     | Claims Remaining<br>After Amendment |                                                   | Highest Number<br>Previously Paid For |                   | Number<br>Extra |                   | Rate                                            | (               | Calculations                      |  |
| TOTAL CLAIMS                                                             | AL CLAIMS 24                        |                                                   | 24 - 30 =                             |                   | 0               |                   | X \$ 50.00 =                                    | \$              | 0.00                              |  |
| INDEPENDENT<br>CLAIMS                                                    |                                     | 0                                                 |                                       | X \$ 200.00 =     |                 | 0.00              |                                                 |                 |                                   |  |
| Since an Officia<br>cover the date to<br>(\$450)); (3 month              | his reply is t                      | iled for which                                    | the requisit                          | e fee is en       | closed (1 mo    |                   |                                                 |                 |                                   |  |
| If Notice of App                                                         | eal is enclo                        | sed, add (\$50                                    | 0.00)                                 |                   |                 |                   |                                                 |                 |                                   |  |
| If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00) |                                     |                                                   |                                       |                   |                 |                   |                                                 |                 |                                   |  |
| Information Disc                                                         | losure Stat                         | ement (Rule 1                                     | .17(p)) (\$18                         | 30.00)            |                 |                   |                                                 |                 |                                   |  |
| Total of above Calculations =                                            |                                     |                                                   |                                       |                   |                 |                   |                                                 | \$              | 0.00                              |  |
| Reduction by 50                                                          | % for filing                        | by small entity                                   | y (37 CFR 1                           | .9, 1.27 &        | 1.28)           |                   |                                                 | <u> </u>        |                                   |  |
| TOTAL FEES DUE =                                                         |                                     |                                                   |                                       |                   |                 |                   |                                                 |                 | 0.00                              |  |
| (1) If entry (1) is less tha                                             |                                     |                                                   |                                       |                   |                 | •                 |                                                 |                 |                                   |  |
| (2) If entry (2) is less that<br>(4) If entry (4) is less that           | -                                   |                                                   |                                       |                   |                 |                   |                                                 |                 |                                   |  |
| (4) If entry (5) is less tha                                             |                                     |                                                   |                                       |                   |                 |                   |                                                 |                 |                                   |  |
|                                                                          |                                     |                                                   | MET                                   | HOD OF            | PAYMENT         |                   |                                                 |                 |                                   |  |
| ☐ Check er                                                               | nclosed as                          | payment.                                          |                                       |                   |                 |                   |                                                 |                 |                                   |  |
| ☐ Charge "                                                               | TOTAL FE                            | ES DUE" to ti                                     | he Deposit                            | Account N         | lo. below.      |                   |                                                 | •               |                                   |  |
| ⊠ No paym                                                                | ent is enclo                        | osed.                                             |                                       |                   |                 |                   |                                                 |                 |                                   |  |
|                                                                          |                                     |                                                   | GENE                                  | RAL AUTI          | ORIZATIO        | N                 |                                                 |                 |                                   |  |
|                                                                          |                                     |                                                   |                                       |                   |                 | nmissior          | ner is hereby au                                | thori           | zed to credit                     |  |
| any ove                                                                  | payment o                           | r charge any                                      |                                       | ees neces         | sary to:        |                   |                                                 |                 |                                   |  |
| D                                                                        | eposit Acc                          | ount No.                                          | 19-3935                               |                   |                 |                   |                                                 |                 |                                   |  |
|                                                                          | •                                   | ount Name                                         |                                       | HALSEY            |                 |                   |                                                 |                 |                                   |  |
| 37 CFR                                                                   | 1.16 (filing                        | is also autho<br>fees) or 37 C<br>tion(s) claimir | FR 1.17 (p                            | rocessing         | fees) during    | the pros          | e any additiona<br>secution of this<br>0 (e.g., | I fees<br>appli | s required und<br>cation, includi |  |

any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.

SUBMITTED BY: STAAS & HALSEY LLP

Typed Name | Allison Olenginski | Reg. No. | 55,509

Signature | Date |

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Docket No.: 1538.1020

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Shigeo ORII

Serial No. 09/998,160

Group Art Unit: 2124

Confirmation No. 6156

Filed: December 3, 2001

Examiner: Jason D. Mitchell

For: PARALLEL EFFICIENCY CALCULATING METHOD AND APPARATUS

## <u>AMENDMENT</u>

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action mailed January 25, 2005, and having a period for response set to expire on April 25, 2005.

The following amendments and remarks are respectfully submitted. Reconsideration of the claims is respectfully requested.